



1. VA FILE NO(S). (Include prefix)

APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE: The information requested on this form is solicited under 38 U.S.C., Sections 5902 and 5904, which authorize VA to recognize individuals for the preparation, presentation, and prosecution of claims for VA benefits. We will use the information to recognize your claim representative to act on your behalf and to identify any VA records which VA may disclose to the representative under 38 U.S.C., Section 5701(b). Except for information protected by 38 U.S.C., Section 7332, the claim representative is not prohibited from redisclosing records. Provision of the requested information is voluntary, but your failure to provide us the information could impede the recognition of your representative and/or the identification of disclosable records. The Privacy Act authorizes VA to disclose the requested information outside VA for certain routine uses, which have been published in the Federal Register with reference to a VA system of records entitled, "Compensation, Pension, Education, and Rehabilitation Records-VA" (58VA21/22). Such routine uses include debt collection, civil or criminal law enforcement, communications with members of Congress or other representatives, benefits delivery, program administration, and personnel administration.

RESPONDENT BURDEN: VA may not conduct or sponsor, and you are not required to respond to, this collection of information unless it displays a valid OMB Control Number. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (045A4), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0018), Washington, DC 20503. Please do not send applications for benefits to these addresses.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin)	3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	5. SERVICE NO(S).

6. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER (Specify)

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE	8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)
7B. INDIVIDUAL IS (check appropriate box) <input type="checkbox"/> ATTORNEY <input type="checkbox"/> AGENT <input type="checkbox"/> ACCREDITED SERVICE ORGANIZATION REPRESENTATIVE (Specify organization below)	

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.

Unless I check the box below, I do not authorize VA to disclose to the individual named in item 7A any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☐ I authorize the VA facility having custody of my VA claimant records to disclose to the individual named in item 7A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in item 7A, either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT. My consent in item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:

CONDITIONS OF APPOINTMENT: I, the claimant named in item 2, hereby appoint the individual named in item 7A as my representative to prepare, present, and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in item 4. I authorize the Department of Veterans Affairs to release any and all of my records (other than as provided in items 9 and 10) to that individual appointed as my representative. Signed and accepted subject to the foregoing conditions.

11. SIGNATURE OF CLAIMANT	12. DATE OF SIGNATURE	13. CLAIMANT'S RELATIONSHIP TO VETERAN (if other than the veteran)
14. SIGNATURE OF REPRESENTATIVE	15. DATE OF SIGNATURE	

FEES: Section 5904, Title 38, United States Code, contains provisions regarding fees that may be charged, allowed, or paid for services of agents or attorneys in connection with a proceeding before the Department of Veterans Affairs with respect to benefits under laws administered by the Department.